

### SUPPLEMENTAL DECLARATION AND POWER OF ATTORNEY

As a below named inventors, I hereby declare that:

My residence, post office address and citizenship are stated below next to our names.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title of Invention
MULTI-STANDARD AMPLIFIER

the specification of which was filed on August 25, 2005 as United States Patent Application Number 10/522,654 and on July 24, 2003 as PCT International Patent Application Number PCT/CA03/01066.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

#### Prior Foreign Application(s)

Application Number(s)	Country	Date of Filing	Priority Claimed	Priority Not Claimed	Certified Copy Attached	
					YES	NO
PCT/CA03/01066	PCT	July 24, 2003	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Direct all correspondence to Customer No. 26123.